

**Fairfax County Park Authority
MEDICATION AUTHORIZATION**



PART I: To be Completed by the Parent/Guardian

The Fairfax County Park Authority (FCPA) discourages the use of medication during program hours. IF POSSIBLE, PLEASE HAVE THE CHILD TAKE MEDICATIONS BEFORE OR AFTER PROGRAM HOURS. I hereby authorize FCPA staff to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPA officers, staff, contractors or agents from lawsuits, claims, expense, demand, or action against them for assisting my child with medication use, provided the staff comply with the authorized orders established below. I have read the procedures outlined on the back of this form and I assume responsibilities as required.

Child's Name _____ DOB _____

Medication is a _____ Renewal or _____ New (If this is a new medication, the first dose must be given at home to assure child does not have a negative reaction. Date and time of first dosage: _____)

Parent's Signature Daytime Phone Date

PART II: To be Completed by the Parent/Guardian or Physician (see below)

_____ This medication is an over-the-counter medication for relief of aches, pains or cramps OR
_____ this medication is an antibiotic or antiviral medication (Parent/Guardian to complete Part II)
_____ This medication does not fall into the above category (Physician's must complete Part II)

Diagnosis _____

Medication(s) _____

If medication is to be given on an as-needed basis, specify the symptoms/conditions when medication is to be taken and the time at which it may be given again.

Dosage to be given by FCPA _____

Times to be given by FCPA staff _____

Effective Dates: From _____ to _____

If child is taking more than 1 medication during camp, list order of medication administration _____

Parent/Guardian Name Signature Date

Physician's Name Phone Signature Date

PART III: To be Completed by FCPA

This Authorization form is complete and medication is appropriately labeled.

Signature of FCPA Designee Date

Parent Information about Medication Procedures

1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician. The parent/guardian must transport the medication to the park site and give to designated staff.
2. The first dose of any new medication must be given at home.
3. All medications must be properly labeled with the child's name, name of medication, exact dosage to be taken, and exact time or frequency dose is to be taken. The medication must be in the original container. The form and container must match.
4. Medications may not be accepted by personnel unless the Authorization Form is completed and signed.
5. A physician may use office stationery or prescription pad in lieu of completing Part II. Required information includes: child's name, date of birth, duration, diagnosis, medication name, dosage, time to take medication, and sequence if more than one is to be taken, side effects, and physician's signature and date.
6. The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in time which medication is to be administered.
7. All medication is kept in a locked area only accessible to authorized staff.
8. The parent/guardian must pick unused portions of medication immediately after the effective date expires or at the end of the child's enrollment. Medications not claimed will be destroyed.
9. The Fairfax County Park Authority does not assume responsibility for unauthorized medication taken independently by the child.
10. Under no circumstances may any staff member facilitate the taking of any medications outside the procedures outlined here.